The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Board of Mealth, City of Baltimore, Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within trainty-four hours after the death of said deceased, or soone requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OFFAINED WITHOUT A PROPER CERTIFICATE. OF DEATH. CERTIFICATE Date of Death, March 22 1887 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Matilda Borry Sex, Make on Female, Cross out the word not required in this line. Days Age,... Colore Married, Syngle, Widow or Widower, Cross out the word not required in this line. Occupation. Birthplace, State or country, and how long in the United States. 9 10 Whatle at should Duration of Residence in the City of Baltimore, Place of Death, (Give street and ) 910 What Coul Moul First (Primary), Pneurionia Gause of Death, Second (Immediate), Convulsion Duration of Last Sickness, Place of Burial Line & Cernetry Date of Burial, Munch 25 1974 houle Barres M. D. ( Undertaker William & Dungee Address, 905 Jozeker 21 Place of Business, 150 Gast st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause are of death, except in cases of births and deaths of illegitimate children.

Place of Business 1573!

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ceramana

## Department, City of Baltimore. Office of Registrar of Vital Statistics. Permit No. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sconer, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate. March 24 Date of Death,... Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. 68 Years. Months, Days. Age, Color, Married, Single, Widow or Widower, {Cross out the words not } required in this line. Occupation, Backinne Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, The hearty while left $Place \ of \ Death, \{^{ ext{Give Street and}}_{ ext{Number.}}\}$ Spma First (Primary), Cause of Death, < Second (Immediate), Duration of Last Sickness, All the above information chould be furnished by the Physician. Place of Burial Date of Burial, March M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Your Address, 60 5

Medical Attendant.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within centy-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVES.]

			No. 70	
The Special Attention of Physicians	s is Respectfully Invited to the R	Remarks below, and to L	ist of Diseases on back of t	his Certificate
<b>Bealth</b>	Department,	City of	Baltimore.	17
Permit No. 98824	Office of Registra	r of Vitat Sta	tistics. Ward	6
to the Undertaker or other person a	my person in a fast illness, is res	ponsible for the presenta a twenty-four hours after	tion of this Certificate, accepted the death of said deceased	urately filled out l, or sooner, i
CER	TIFICATE	OF DE	EATH.	
Date of Death,		24 11		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	bathen A	innisch	
Sex, Male or Female, $\{^{\text{Cros}}_{\text{requ}}\}$		Months		D
	hitz	Months,	-	Days.
Married, Single, Widow of	Widower, Cross out the work	ds not }	1/	
	toobon			
Birth Place, State or country, and if of foreign birth.	thow Bo	henria	<i>V</i>	
Duration of Residence in		2 2/2	600	
Place of Death, Give Street and Number.		- /	alley	
Cause of Death, First (Prin	94T	Kisis Pu	launalis	
Duration of Last Sickness All the above information should be for		3		
Place of Burial, Hot	redeeme Ve	mi.		
Date of Burial, Mod	reh 35 48	1		
Undertaker, G.	pance -	John 6	ryd	M. D.
Place of Business,	mho Wolfe Saad	dress, 193	Medical Attendant.	at H
Extract from Regulations of the	Board of Health to secure a City of Baltin	full and correct rec	cord of the Vital Statis	tics in the
Section 2. And be it further en Physician who attended during two four hours after the death, to the can be ascertained, the full many death.	acted and ordained, That whene	ver any person shall die	omes under his notice, to fu	rnish within

and opecial Attention of Physicians i	s Respectfully Invited to the Ka	emarks below, and to list	OF DISCUSOR OF DACK OF
Bealth ,	Department,	City of 3	Baltimore.
Permit No. 488257	Office of Begistra	r of Vital State	istics. Ward
to the Undertaker or other person su requested so to do, under penalty of la	y person in a last inness, is resp	consible for the presentation twenty-four hours after the	on of this Certificate, accurately filled on ne death of said deceased, or sooner,
	<b><i>TIFICATE</i></b>		ATH. 2
Date of Death, har	ch 24 " 8,	7	
Full Name of Deceased, $\left\{egin{array}{l} egin{array}{l} eg$	rite legibly and spell rrectly. If an Infant t named, give names parents. ut the word not ed in this line.	seph Teia	een (Seidler)
Age, 65	Years,	Months,	17 Days
Color, White		·	
Married, Single, Widow or	Widower, Cross out the word	s not }	
Occupation, Lahorer	C		1
Birth Place, State or country, and he United State of foreign birth.  Duration of Residence in the State of Sta	ow) Suman	25 70	
Place of Death, Give Street and Number.	76 & No	let	
Cause of Death, $\begin{cases} \text{First (Prims)} \\ \text{Second (Imr)} \end{cases}$	mediate), karnor	not live	
Puration of Last Sickness,	2002年2000年2015年2015日2015日2016日2015日2015日2015日2015日2015日2015日2015日2015		
Place of Burial, St. M.	John sus Con	n.	
Date of Burial, Mon	ch 27=85	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47
Undertaker, G.	hance		Medical Attendant. M. D.
Place of Rusiness 990	wholling the	1172 1	4

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as a can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

Bealth Department, C	ity of Baltimore.
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OF THE PROPERTY OF THE PARTY OF

Permit No. 98826 Office of	Registrar of Vital Statistics.	Ward
to the Undertaker or other person superintending the	ast illness, is responsible for the presentation of this Certific the burial, within twenty-four hours after the death of said of	eate, accurately filled out deceased, or sooner, if
requested so to do under pensity of law	CAN BE OFFICIAL WITHOUT A PROPER CERTIFICATE.	-
CERTIFIC	CATE OF DEATH.	19
Date of Death,	March 24 87	
Full Name of Deceased, Write legibly and correctly. If an Ir not named, give no of parents.	spell solf h Z. Lenve	7
Sex, Male or Female; (Cross out the word not required in this line.	}	1
Age, Years,	Months,	Days.
Color,	White \	
Married, Single, Widow or Widower,	{Cross out the words not }	
Occupation,		
	galinnon En	ly
Duration of Residence in the City of	f Baltimore, lefeling	0
Place of Death, Give Street and Number.	1243 / House &	1e.
Cause of Death, { First (Primary),	Spinol alberraits	
Duration of Last Sickness, All the above information should be furnished by the P.	about I week	les
Place of Burial, Holy Cross	Oem.	
Date of Burial, March 26	By SCOPPIN:	1
(Undertaker, G. Tand	) Medical	Attendant. M. D.
Place of Business. Bran 28	Wolfe Address. 2826 Ell	iott SI

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

## Bealth Department, City of Baltimore.

Permit No. 98827 Office of Registrar of Much Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, it
requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE DEATH.
Date of Death, Mich 24 87 Mary A. Hurrigan
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Make or Female, {Cross out the word not }
Age, 33 Years, // Months, Days.
Color, Colite
Married, Single, Widow or Widower, {Cross out the words not } Married
Occupation, House Keeper
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, about 28 years
Place of Death, {Give Street and } # 816 Chesopeake St.
Cause of Death, Second (Immediate)
Cause of Death, Second (Immediate), Shillisis Fulmolis
Duration of Last Sickness,  All the above information should be furnished by the Physician
Place of Burial, Holy Oross Cem.
Date of Burial, March 26 87) (C. 4/11.
( Undertaken & Office ) 2 ft Williams M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within value hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as a can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

Address,

2826

as special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of care
Health Department, City of Baltimore.
ermit No. 98828 Office of Registrate of Villa Statistics. Ward 13=
The Physician who attended any person in a last illness, cresponsible for the present the of this Certificate, accurately filled out the Undertaker or other person superintending the burial, within the proper hours after the ceath of said deceased, or sooner, if equested so to do, under penalty of law.  No Permit for Burial can be Ordened without a Proper Chatificate.
CERTIFICATE OF DEATH.
Date of Death, Mar I P
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
ex, Male or Female, {Cross out the word not }
Ige, 32 Years, Months, Days.
olor, White
Married, Single, Widow or Widower, {Cross out the words not }
coupation, Ship configurer
Birth Place, {State or country, and how long in the United States, } Nova Scottia - 14 minutes.}
Puration of Residence in the City of Baltimore, 14 Months
Place of Death, {Give Street and} University Hospital
Pause of Death, Second (Immediate), Phthisis Pulminum  Second (Immediate), Subaccestion
All the above information should follum shed by the Physician.
Place of Burial, State Catreches Oem.
Date of Burial, March 27 87 / White
Undertaker, G. Trance M. D.  Medical Attendant.  Place of Business, Bank & Holfe Staddress, University Hospitale
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within tenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.  [OVER.]

ALTH BEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, ¢m1132. Printed 10/25/2022

- Special According (	r ruysicians is	Respectfully Invited to	the Remarks below	, and to List o	f Diseases on back of	MAID N
Permit No. 988	alth 3	Pepartme	nt, City	of B	altimore	
The Physician who to the Undertaker or oth requested so to do, under	er person super penalty of law	person in a last idness; rintending the burial, or Burial can	within abenty-four he	e presentation	of this Certificate, ac	courately filled ed, or soone
C	CERT	IFICAT	E OF	DE	TII	
Date of Death,		ma	reh 24	th 18	87	
Full Name of Dec Tex, Male or Fem	ale, { required in	amed, give names } ents. he word not } this line.	siem no	Jenry)	Thomson	-
lge,	Black	Zears,	9 N	Ionths,	/	Day
Carried, Single, W	Vidow or W	idower, { Cross out the required in t	words not }	······		
irth Place, State or clong in the	country, and how he United States, ign birth.	Bal	timore	loity		
uration of Reside	e Street and }	City of Baltim	ore, ent al	len #	= 11136	
use of Death,	first (Primary),	accide	neally s	moth	ered in	bed
ration of Last S	ickness,	by the Physician.	ne engo	was a	work	
te of Burial, M	narp	of Com				
Indertaker,	i. Odo	ught 60	20	Spa	now	M. D.
Place of Business,			ddress,		Medical Attendant.	en
act from Regulations	of the Board	of Health to secure	a full and corre	ect record of	the Vital Ct II	
ECTION 2. And be it fo	untl	City of Bal	timore.		the Vital Statisti	cs in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [over.]

Permit No. 98830  The Physician who attended to the Undertaker or other person	Office of Registed	t, Gity of B	tics. Ward 57
No Per	RTIFICAT	E OF DEA	RTIFICATE.
Full Name of Deceased, Sex, Male or $A$ ale, $\{ ^{\Omega}_{re} \}$	Write legibly and spell correctly. If an Infant not named, give names of parents.  coss out the word not quired in this line.	Pichard E	igene Gibson
Age, Color, Colore	Years, (Cross out the	Months,	Day
Married, Single, Widow Occupation, Birth Place, State or country, a long in the United if of foreign birth			
$Place of Death, \{^{ ext{Give Street}}_{ ext{Number.}}\}$	n the City of Baltimo	ire, 8 yrs.	
lause of Death.	(Immediate), Hen	whage for	Lungs
All the above information should be Place of Burial Cause Date of Burial			
Undertaker, A Place of Business,	madden 46 Earling	E, B, FE Address, 1201 7	Medal Attendant.
xtract from Regulations of th		re a full and correct record	

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

M. D.

Cause of Death,  $\begin{cases} \text{First (Primary),} \\ \text{Samely } \end{cases}$ 

Duration of Last Sickness,

Place of Burial, ~

Date of Burial, ....

Second (Immediate),

All the above information should be furnished by the Physician.

Healt	th Departme	nt, City o	f Baltim	ore.
Permit No. 9883	/ Office of Regis	strar of Vital	Statistics.	Ward /8-
The Physician who attent to the Undertaker or other per requested so to do, under pena	nded any person in a last illness, rson superintending the burial,	is responsible for the pre within wenty-four hours	sentation of this Certafter the death of sai	id deceased, or sooner, if
CE	RTIFICAT	TE OF I	DEATH	I.
Date of Death,	March 24th	1887	•••••	
Full Name of Decease			le Vinba	(Striba)
Sex, Male or Female,	{Cross out the word not }	fen	nate	
$Age, \dots$	24 Years,	10 Mon	nths,	Days.
Color,	·	white		
Married, Single, Wide	ow or Widower, {Cross out required is	the words not }	ingle	
Occupation,			·	
Birth Place, {State or coun long in the U if of foreign	try, and how onited States, birth.	len - Haure	ver - Ger	many 15 year
	e in the City of Balta	imore, 15 ye	eers	
Place of Death, {Give St. Nur.	reet and }	Frederik	Avenue !	2232

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.